

# **EXHIBIT 5**

**AUTHORIZATION FOR RELEASE OF  
EMPLOYMENT RECORDS**

(Lost Wages or Lost Earning Capacity Is Claimed)

TO:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

I \_\_\_\_\_ hereby authorize the above-named employer to release to \_\_\_\_\_, copies of any and all of my personnel records including employment applications, job descriptions of all positions held, payroll/salary records, letters of commendation/discipline, performance evaluations, vacation use records, and any other records maintained in my personnel and human resources files concerning me from **January 1, 2007 - date**. My date of birth is \_\_\_\_\_.

This release does not authorize any past or present employer to divulge any information other than providing copies of existing written records.

This authorization is subject to revocation by the undersigned, if the revocation is in writing addressed to the above-named employer, at any time.

You are authorized to release the above records to the following, who agree to pay reasonable charges made by you to supply copies of the requested records:

Name: \_\_\_\_\_

Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_

SIGNED on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_

\_\_XXX-XX-\_\_\_\_\_

LAST FOUR DIGITS OF **SOCIAL**  
**SECURITY NUMBER**